



DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **FLUID PLANAR LIPID-BASED MEMBRANE ANCHORED LIGAND SYSTEM WITH DEFINED LIGAND VALENCY AND METHODS OF USE THEREOF**

the specification of which [check one(s) applicable]

☒ was filed April 8, 2004 as U.S. Application No. 10/820,262
☐ and was amended by Amendment filed _____ (if applicable); [or];
☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

CLAIM UNDER 35 USC §119(e): I hereby claim the benefit under 35 USC §119(e) of any United States provisional applications listed below:

Provisional Application No.

60/461,223

Filing Date

Day/Mo/Year

08 April 2003

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Kathleen D. Rigaut, Ph.D., J.D. Reg. No. 43,047, Patrick J. Hagan, Esq., Reg. No. 27,643**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.

DIRECT INQUIRIES TO: Kathleen D. Rigaut, Ph.D., J.D.
Telephone: (215) 563-4100
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

Full Name Terri H. Finkel
First Middle Last

Signature *Terri H. Finkel*

Date 6-16-04

Residence Wynnewood Pennsylvania
City State or Country

Citizenship US

Post Office Address:

415 Minden Way

Wynnewood Pennsylvania 19096
City State or Country Zip Code

SECOND JOINT INVENTOR (IF ANY)

Full Name Zhengyu Ma
First Middle Last

Signature *Zhengyu Ma*

Date 6-16-04

Residence Philadelphia Pennsylvania
City State or Country

Citizenship China

Post Office Address:

4035 Chestnut Street, Apt. 404

Philadelphia Pennsylvania 19104
City State or Country Zip Code